

## **Bed Change Requests**

Facilities may elect to request changes in state licensed (Residential or NCC) or certified comprehensive (Title 18 SNF, Title 19 NF, Title 18 SNF/Title 19 NF) bed configurations in accordance with state and federal rules/regulations. There are four types of bed change transactions: bed addition, bed conversion, bed decrease, and bed declassification. Enclosed are the application forms and required documentation for each bed change transaction type. If you have any questions regarding the application process please call 317/233-7794 or 317-233-7613.

### **Bed Change Transaction Types and Requirements**

#### **Bed Addition**

Bed additions are a request for an increase in the number of facility licensed/certified beds. This transaction requires:

- Plans Approval for addition by the Division of Sanitary Engineering at the Indiana State Department of Health.
- Letter specifically outlining the bed change being requested (please include affected room numbers and current and proposed bed classifications).
- Facility Floor Plan representing the current and proposed bed configuration.
- Bed Inventory (State Form 4332) representing the current and proposed bed configuration.
- Licensure Fee (\$10.00 per each additional bed)
- The effective date of change in bed configuration.
- Life Safety Code/Sanitarian/State Fire Code inspections as appropriate

#### **Bed Conversion**

Bed conversions are converting an existing bed from comprehensive to residential or vice versa when the facility already has both bed classifications and is already enrolled in the Medicaid and/or Medicare programs. The transaction requires:

- Plans Approval for addition by the Division of Sanitary Engineering at the Indiana State Department of Health.
- Letter specifically outlining the bed change being requested.
- Facility Floor Plan representing the current and proposed bed configurations (please include affected room numbers and current and proposed bed classifications).
- Bed Inventory (State Form 4332) representing the current and proposed bed configuration.
- The effective date of change in bed configuration.
- Life Safety Code/Sanitarian/State Fire Code inspections as appropriate

#### **Bed Decrease**

Bed decreases are a request for decreasing, de-licensing, or decertifying the number of beds in a facility. Quite often the terms "Decertifying" and "Decreasing" are misused when bed change requests are submitted from providers.

- Decertifying beds means to make the beds ineligible for reimbursement under either the Medicare or Medicaid programs. In most cases, decertified beds are changed to Non-Certified Comprehensive (NCC) beds or

Residential level of care beds. If the decertified beds are not changed to Non-Certified Comprehensive (NCC) or Residential level of care the number of licensed beds will be reduced accordingly.

- De-licensing beds means that you want to decrease the number of licensed beds in the facility.

This transaction requires:

- Letter specifically outlining the bed change being requested.
- Facility Floor Plan representing the current and proposed bed configurations (please include affected room numbers and current and proposed bed classifications).
- Bed Inventory (State Form 4332) representing the current and proposed bed configuration.
- The effective date of change in bed configuration.

### **Bed Reclassification**

Bed reclassifications are a change in the status of existing beds that does not require an increase in bed capacity, decrease in bed classification, or a bed conversion. This transaction requires:

- Letter specifically outlining the bed change being requested.
- Facility Floor Plan representing the current and proposed bed configurations (please include affected room numbers and current and proposed bed classifications).
- Bed Inventory (State Form 4332) representing the current and proposed bed configuration.
- The effective date of change in bed configuration.

### **Bed Relocation**

Bed relocations are a change in location of the licensure and/or certification of a bed from one room within a facility to another. This change type would not result in an increase in bed capacity, decrease in bed classification, bed conversion, or a bed reclassification. This transaction requires:

- Letter specifically outlining the bed change being requested.
- Facility Floor Plan representing the current and proposed bed configurations (please include affected room numbers and current and proposed bed classifications).
- Bed Inventory (State Form 4332) representing the current and proposed bed configuration.
- The effective date of change in bed configuration.



## BED CHANGE REQUEST

State Form 52322 (7-05)

Indiana State Department of Health Division of Long Term Care

Facility Number	Provider Number	Medicaid Number
Facility Name		
Facility Address		
City	Zip	County
Medicare Fiscal Intermediary		
Cost Reporting Year* * Include the first and last days of the facility's cost reporting year		Bed Change Effective Date* * Facilities may affect a certified bed change once on the first day of the cost report year and once more on the first day of a single cost report quarter

Bed Classification Type		Current Configuration	Proposed Configuration
1	Non-Certified Comprehensive		
2	Residential		
3	Title 18 SNF		
4	Title 19 NF		
5	Title 18 SNF/19 NF		
	Total Certified (add lines 3, 4 and 5)		
	Total Licensed (add lines 1 through 5)		

***Please include a completed SF 4332 Bed Inventory to reflect proposed configuration, and facility floor plan on 8.5" x 11" paper, to show room numbers and number of beds per room.***

If facility is adding beds or converting beds from one level of care (residential, comprehensive) to another, the following may be required:

- Indiana State Department of Health, Division of Sanitary Engineering approval of architectural plans and specifications;
- Letter stating that construction is substantially complete;
- Life Safety Code, Sanitarian, and/or State Fire Code inspections, as appropriate; and
- Licensure fee for the addition of beds (\$10 per bed).

Signature \_\_\_\_\_ Date \_\_\_\_\_



# BED INVENTORY

State Form 4332 (R8/1-02)  
Indiana State Department of Health-Division of Long Term Care

Name of Facility											
Street Address											
City				County				Zip+4			
<b>PLEASE SPECIFY THE NUMBER OF BEDS IN EACH ROOM AS FOLLOWS:</b> Each room should be listed only once and listed in numerical order under each classification column.								<b>Room No.</b> 0 9 10 11 12 20		<b>No. Beds</b> 2 2 2 3 2 2	
<b>Title 18 SNF = Medicare ONLY beds</b> <b>Title 18 SNF/NF 19 NF = Medicare/Medicaid (Dually Certified)</b> <b>Title 19 NF = Medicaid</b>								<b>NCC = Non-Certified Comprehensive Residential Level of Care</b>			
<b>All licensed beds must be listed.</b>											
<b>Title 18 SNF</b>		<b>Title 18/19 SNF/NF</b>		<b>Title 19 NF</b>				<b>NCC</b>		<b>Residential</b>	
<b>Room #</b>	<b># Beds</b>	<b>Room #</b>	<b># Beds</b>	<b>Room #</b>	<b># Beds</b>	<b>Room #</b>	<b># Beds</b>	<b>Room #</b>	<b># Beds</b>	<b>Room #</b>	<b># Beds</b>
Total 18 SNF		Total 18/19 SNF/NF		Total 19 NF				Total NCC		Total Residential	
Current SNF Census								<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>NOTE</b>  <i>Completion of this form is not an official bed change request or a change from those beds classifications and numbers currently licensed and certified for.</i> </div>			
Current SNF/NF Census											
Current NF Census											
Current NCC Census											
Current Residential Census											
TOTAL CURRENT CENSUS											
TOTAL LICENSED CAPACITY											
Completed by						Position			Date		

## **Bed Change-Plans Approval**

### **Plans Approval for New Construction, Additions, or Remodeling**

#### **Before Beginning Construction or Remodeling**

Prior to the commencement of any construction or remodeling at a facility or beginning construction on a new facility please ensure that any plans and specifications for that project have been approved (if required) by the Indiana State Department of Health, Division of Sanitary Engineering. The general rule is that any new construction, addition, conversion, relocation, renovation, and/or any major change in facility physical plant would require plans approval. To determine if plans are required to be submitted for any project you should contact:

- Program Director-Provider Services 317-233-7794; and
- Division of Sanitary Engineering 317-233-7588.

Also before beginning the construction or remodeling project the facility should contact Program Director-Provider Services (317-233-7794) in order to determine if supplemental application forms or supporting documentation is required for the transaction. New facilities, bed additions, conversions, facility relocations, remodeling project, etc. might have both state and federal requirements in addition to plans approval. Please ensure that all requirements will be met before beginning construction in order to ensure seamless service delivery after completion of project.

#### **After Construction is Complete**

Before occupying the area of construction or remodeling:

- Contact the Program Director-Provider Services (317-233-7794) to verify that all application materials and/or requirements have been met; and then
- Submit a "Statement of Substantial Completion - Request for Inspection" (State Form 13025 or a letter to the Program Director-Provider Services. In addition, the facility shall notify the above individual (as appropriate), in writing, when the new construction or remodeled area is ready for the required Sanitarian and Life Safety Code/State Fire Code inspections.

#### **Important:**

- The area cannot be occupied until these inspections have been conducted and released.
- For Licensure purposes by the Division of Long Term Care, an “occupancy permit” issued by a city/county agency is not authorization to occupy the newly constructed facility/area.
- The Division of Long Term Care will grant permission to occupy only after the Sanitarian and Life Safety Code/State Fire Code Inspection(s) have been conducted and released.